

BOONE COUNTY COMMUNITY CORRECTIONS

REQUEST FOR SCREENING & REFERRAL FORM

127 W. Main Street, Suite 200, Lebanon, IN 46052

Ph: (765) 482-2484 Fx: (765) 483-4414

NAME: _____ DATE: _____

CAUSE NUMBER(S): _____

RESIDENTIAL ADDRESS (DO NOT LEAVE BLANK): _____

IF DEFENDANT IS IN CUSTODY and is requesting a pre-screen for **HOME DETENTION**, this **MUST** be a stable address at which they plan and have made arrangements to reside upon release. If Defendant plans and has made arrangements to reside at a halfway house, you **MUST** include a copy of application and/or acceptance letter to halfway house.

PRESENTLY INCARCERATED: _____ NO _____ YES - FACILITY _____

HOME PH: _____ CELL PH: _____

EMPLOYER: _____ SET FOR _____ HEARING ON _____ DATE _____

The above listed Defendant would like to be screened for Community Corrections consideration. He/She has been advised there is a non-refundable **\$25.00 Prescreen Fee that MUST be paid at the time the request is made OR prior to the pre-screen interview being conducted.** If he/she is in custody, payment of the Prescreen Fee **MUST** be paid at the time of hook-up if it is not paid prior. He/She also understands that a home visit/pre-walk is required as part of the screening process at the convenience of a Field Officer. A prescreen appointment time/date along with necessary paperwork to fill out and bring with them to their appointment will be sent to the address listed above/facility if incarcerated. Allow 60 days for the screening process to be completed. If your client resides in any county other than Boone, a transfer request will be made to the supervising Community Corrections agency that oversees their county of residence, therefore this process may take longer than 60 days. There is a non-refundable **\$50.00 Transfer Fee** that applies when a transfer request is made; this is due **in full prior to** any transfer request being sent. Please indicate the program you would like your client screened for. Do not indicate multiple programs unless you have previously discussed this with the Work Release Coordinator and/or Home Detention Intake Analyst.

Indicate program applying for: _____ Home Detention/GPS Monitoring _____ Work Release

UPON SUBMISSION OF REFERRAL, I CONFIRM THE FOLLOWING INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

_____ The Defendant's charge(s)/conviction(s) in the above listed cause in which a pre-screen is being requested **DOES NOT** deem him/her ineligible for Home Detention/GPS Monitoring per I.C. Code 35-38-2.6.

Does the Defendant presently have a hold/warrant/detainer/process issued by a court of another jurisdiction?:

_____ NO _____ YES IF YES, EXPLAIN: _____

ALL of the following supplemental information is REQUIRED with submission of your referral:

*For an **INSTANT OFFENSE** - Order Finding Probable Cause, Charging Information, Probable Cause Affidavit/Police Report, Plea Agreement (if available), PSI (if available)

*For a **PROBATION VIOLATION** - **ALL** pending Violations, Conditions of Probation, Sentencing Order/Judgment of Conviction

Attorney - signature

Attorney Contact Information: Address, Phone, Fax & Email

Attorney - printed

ALL INFORMATION/DOCUMENTATION MUST BE SUBMITTED WITH YOUR REQUEST
If your referral is incomplete upon submission or does not contain **ALL required information** and/or **supplemental documentation**, the pre-screen interview will **NOT** be scheduled.